

SUMMER 2004

Alcohol, Tobacco and Other Drugs

Prevention File



Military Readiness and...

☐ Road Rage and Alcohol:
What's the Connection?

☐ Kicking the Nicotine Habit

☐ Down on DARE

Raise Taxes for Health!

Ninety percent of Americans are concerned about teenage and underage drinking, and voters, by a margin of 2 to 1, favor a tax increase on alcohol in their states to help fund prevention programs, according to a national survey on alcohol taxes by the American Medical Association Office of Alcohol and Other Drug Abuse.

"Alcohol abuse costs Americans more than \$148 billion each year in health care and social costs. Among the most vulnerable of these drinkers are teens. Research

shows that alcohol use has a devastating effect on teens' developing bodies and brains. Alcohol consumption by teens may cause permanent learning and memory loss," AMA President John C. Nelson, MD, said. "Therefore, it is no wonder that parents agree with the AMA that it is reasonable to tax the product itself to fund health care, education and other programs."

The survey showed strong support among Democrats, Independents and Republicans for increases in so-called "sin taxes" such as tobacco and alcohol to reduce state budget deficits. Respondents supported using revenue from alcohol tax increases to fund education, health care and law enforcement related to drinking.

The poll also demonstrated that most Americans do not know the alcohol tax rate in their state. Once given that information, a majority of voters supported an increase, and one-third of those believed alcohol taxes should be raised "a lot."

"As with smoking, the price of alcohol matters, especially with teenagers," said Richard A. Yoast, PhD, director of the AMA Office of Alcohol and Other Drug Abuse. "Just as price increases for tobacco reduce consumption and disease, higher alcohol prices are proven to reduce everything from violent crimes to rape. The difference is taxes on cigarettes have been increased frequently and significantly over the years while alcohol taxes have remained astoundingly behind the times."

Europe's Binge

Researchers, doctors, scientists and campaigners attended a conference in Warsaw in June to discuss the emerging alcohol problem of the new Europe. Alcohol will cause Europe one of its severest problems in the coming years. It is the third largest cause of disease, after smoking and high blood pressure. Breast cancer, strokes and liver cirrhosis are linked to heavy drinking.

A key obstacle to responding to these problems, according to *The Observer* (June 20, 2004), is that, while individual countries struggle to form their own policies, the European Union is committed to freer trade, fewer border differences and a thriving internal market.

"The most controversial question for EU leaders is the price of drink. High taxes on alcohol are unpopular, but they reduce consumption. Cutting duty on booze wins votes, but comes at a high human cost: 20 per cent of teenagers in Poland are thought to be at high risk of alcoholism after a fall in excise duty there in 2002," said *The Observer*.

"[Drink] prices that year went down by 25 per cent, and after one year we could see that our consumption of vodka went up by 25 per cent. The relationship was very clear," said professor Jerzy Mellibruda, head of the state agency responsible for tackling the problem.

Eurocare, an alliance of voluntary organizations that held the conference to help the new member states understand the scale of the problems they face, wants a Europe-wide response.

"We live in a very alcoholised society," said Michel Craplet, MD, a French psychiatrist who chairs Eurocare. "We have ten more countries in Europe and millions more bottles and cans coming over our borders, not to mention new markets for advertising and promoting drinks."

"Alcohol isn't an ordinary commodity, like baked beans or washing powder. You can be Eurosceptic and realize we need common measures to prevent some of the harm to families and young people."

Boozing Britain

According to *The New York Times* (July 22, 2004) Great Britain's Prime Minister Tony Blair is worried about that country's alcohol problems. "There is a clear and growing problem in our town and city centers up and down the country on Friday and Saturday nights," said Blair, whose son, then 16, was found

vomiting and incoherent on a London street four years ago after an evening of drinking. "As a society we have to make sure that this form of what we often call binge drinking doesn't become the new British disease."

Cheaper and more readily available alcohol, changing drinking patterns, a steep increase in drinking among young women and a decline in old standards of civility have turned what was once a manageable part of life into a problem that costs British Society, according to government estimates, \$35 billion a year.

The British government has presented an ambitious plan to combat alcohol problems, including granting wider powers to the authorities to control hooliganism, imposing greater penalties for drunken behavior, and forcing pubs and clubs to help pay for extra police officers.

It also wants to allow some pubs to stay open past the current closing time of 11:20 p.m., starting in fall 2004. The idea is to allow pubs to set their own closing times, with approval, in order to dissuade rushed binge drinking at "last orders."

"It's hard to see how it could help," said Michael Marmot, professor of epidemiology and public health at University College London, in *The Times*. "The evidence suggests that the longer the opening hours and the easier it is to have access to alcohol, the higher the consumption."

A recent report from the Academy of Medical Sciences urged the government to work to reduce alcohol consumption in general. In contrast to many countries in western Europe, where drinking has declined, in Britain, where the minimum legal drinking age is 18, people are starting younger and drinking more. Although some researchers say the figures are actually higher, government statistics show that Britons on average drank the equivalent of 8.6 liters of pure alcohol each in 2001, nearly double the rate of 1951. Young women on average now consume about 12.6 drinks a week, an increase of 66 percent since 1992.

Although people in a number of countries still drink more overall, Britons (and the Irish, as well) are likelier to go on drinking binges, consuming five, six, seven or more drinks in a single session. "Binge drinking is now so routine that young people find it

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Comments and suggestions are welcome.
Address letters to *Prevention File*, Silver Gate Group
P.O. Box 420878, San Diego, CA 92142-0878
Internet: prevfile@silvergategroup.com
<http://silvergategroup.com>

Scientific and Policy Advisory Board

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MILITARY READINESS

 CIGARETTE SMOKING, HEAVY DRINKING AND ILLEGAL DRUG use among U.S. military personnel appear to be

on the rise after two decades of decline. Results of a 2002 survey of health-related behaviors in the armed forces present a challenge to the Defense Department's Prevention, Safety, and Health Promotion Council, which is responsible for efforts to reduce substance use problems in the military.

The 2002 survey was the first since 1998, when rates of substance use were showing a downward trend consistent with surveys taken every few years since 1980. The new survey, however, indicates a turnaround in the years between 1998 and 2002.

Based on anonymous questionnaires answered by nearly 13,000 members of the Army, Navy, Air Force and Marine Corps stationed both in the United States and abroad, the 2002 survey showed an increase from 15.4 percent to 18.1 percent in heavy alcohol use (five drinks or more on an occasion), an increase from 29.9 percent to 33.8 percent in cigarette smoking, and an increase from 2.7 percent to 3.4 percent in illicit drug use.

Viewed in a larger perspective, however, the 2002 findings are less discouraging. The new report points out that in the 22 years since the surveys began in 1980, the military has made "steady and notable progress" in reducing substance use among person-

AND DRUG USE

The Defense Department surveys—which look at “health-related behaviors”—have sought to identify how military personnel deal with stress and feelings of depression or anxiety.

nel. Implementing zero-tolerance and drug-testing policies in the armed services has led to a decline in illegal drug use among military personnel from 27.6 percent in 1980 to 3.4 percent in 2002. The decline in cigarette smoking over the years is also significant—from 51 percent who were smokers in 1980 to 33.8 percent in 2002. Rates of heavy drinking by men and women in the services also declined between 1980 and 2002, but to a less dramatic degree—from 20.8 percent to 18.1 percent.

Although the latest survey was conducted in 2002, its findings were not published until October 2003 and did not become widely available until 2004. Already, the Research Triangle Institute in North Carolina is preparing to conduct a similar survey in 2005, with Robert Bray, PhD, a senior research psychologist at RTI, serving as the project director, as he did for the 2002 survey.

The 2005 survey may reflect whether changes in military life brought on by terrorism and warfare in Iraq and Afghanistan are affecting rates of substance use. The 9/11 attacks and U.S. military action in Afghanistan had just occurred when the 2002 survey was conducted. The 2005 survey will be the first since the massive deployments of U.S. forces for the invasion



and occupation of Iraq. Those deployments have put a strain on the lives of tens of thousands of men and women in the service, as well as their families.

The Defense Department surveys—which look at “health-related behaviors”—have sought to identify how military personnel deal with stress and feelings of depression or anxiety. The 2002 survey found that the majority of men and women in uniform deal with stress and depression by thinking about ways to solve a problem or by talking to a friend or family member. About 25 percent of them, however, turn to alcohol. “Men were more likely than women to light a cigarette or have a drink, whereas women were more likely than men to talk to a friend or family member, to

ZERO TOLERANCE IN THE NAVY

According to the *San Diego Union-Tribune* (June 19, 2004) more than a dozen sailors, including eight SEALs, are being investigated after testing positive for illegal drug use. Seven sailors assigned to the Naval Special Warfare Command, including five SEALs, failed drug tests in early May while they were on a training exercise in Thailand. Apparently other sailors reported seeing the commandos using drugs in Pattaya, a Thai beach resort.

That report prompted Rear Adm. Joseph Maguire, the Naval Special Warfare commander, to order a drug-testing sweep of 3,300 of the 4,600 men and women under his command.

The only people not tested were those deployed to Iraq, Afghanistan and other countries and those on leave or on temporary duty. In the sweep, six more sailors tested positive, including three SEALs, one student and two support personnel.

"We identified the problem," said Navy spokesman Cmdr. Jeff Bender. "We investigated the problem, and we'll hold those accountable for their actions."

Under the Navy's zero-tolerance drug policy, sailors caught using drugs usually are discharged. "This is something that's not taken lightly. One is too many," Bender told the *Union-Tribune*.

The sweeps come as the Navy is trying to increase its number of SEALs. The war on terrorism has increased the need for special operations forces such as the SEALs, Green Berets and Army Rangers.

Training SEALs is time-consuming and costly. Each two-year training process includes the Basic Underwater Demolition/SEAL class and advanced weapons and tactics training. It costs several hundred thousand dollars to train each commando.

However, the suspected drug use and testing did not affect any operations or exercises. "This did not affect our readiness," Bender said, pointing out that only one-fifth of 1 percent of the drug tests were positive. "We have not missed a beat."

Ivan Eland, a defense analyst at The Independent Institute in Oakland, told the *Union-Tribune* that drug use by such forces is worrisome, because the small units, often working in hostile territory, require teamwork. "They are endangering their own lives but also the colleagues in their units."

In 2003, 21 special warfare sailors were discharged after failing drug tests. In 2002, positive tests forced out 32 sailors assigned to Naval Special Warfare. Adm. Vern Clark, chief of naval operations, has called for a 25 percent reduction in drug use this year.

say a prayer, or to get something to eat," the researchers reported.

The heaviest drinkers are the most likely to have problems at work or in their families and to exhibit symptoms of anxiety or depression, the report continued. "This finding suggests that there is a strong comorbid relation between heavy alcohol use and mental health problems and that this is an area needing further assessment." The latest report was the first to examine the extent to which men and women

in the service may have symptoms of alcohol dependency. The survey found that 1 out of 10 who drink do indeed show signs of dependency to some degree.

Use of illegal drugs is a strict no-no in the armed services, and offenses generally lead to a prompt discharge. This policy appears to be keeping rates of drug use in the military well below those in the civilian

population. Based on a comparison with findings in the 2001 National Household Survey of Drug Abuse, civilians are four times more likely to be users of illegal drugs than their military counterparts. But the tables are turned where alcohol is concerned. "Military personnel aged 18 to 25 were significantly more likely to engage in heavy drinking than were their civilian counterparts (27.3 percent vs. 15.3 percent)," the 2002 report stated. Among older people, rates of heavy drinking are about the same in both the civilian and military populations.

The Defense Department says its alcohol and

The heaviest drinkers are the most likely to have problems at work or in their families and to exhibit symptoms of anxiety or depression.



other drug abuse prevention strategy provides education to various target audiences about the risks associated with drinking as well as counseling or rehabilitation to abusers who desire assistance. Smokers are offered help in trying to kick their habit. Recognizing the economic factor in substance use, the armed services are committed to “sensible pricing” of tobacco and alcohol products in their commissaries post exchanges.

The Defense Department surveys provide a backdrop for occasional incidents reported by the news media regarding alcohol and other drug use in the military. The San Diego Union-Tribune reported on June 19, 2004, that more than a dozen sailors, including members of elite Navy Special Warfare (SEAL) teams, had failed drug tests while on a training exercise in Thailand (see sidebar). In another dispatch, the Army News Service reported that use of the

drug known as Ecstasy has been on the upswing among GIs. Whereas only 39 soldiers tested “hot” for Ecstasy in 1998, the number had increased to 471 by 2000.

News coverage has brought to light a potential problem involving use by the military of the same kind of stimulant drugs that are illegal when sold on the street. A “friendly fire” incident in which a U.S. bomber attacked and killed Canadian soldiers on the ground in Afghanistan in 2002 raised the question of whether the pilot’s judgment was affected by the use of amphetamine or dexedrine. Military pilots for years have been using such drugs—known as “speed” or “uppers” in their illegal form—as a means of overcoming fatigue and sleep deprivation when their assignments disturb their normal periods of rest. These “go” pills often are followed by “no-go” medications to help induce sleep.

“Given the extent of recreational drug use within the military, and the use of performance-enhancing drugs among athletes, it is very easy to imagine that warriors would consider using any manner of drug they thought would increase their chance of returning home alive.”



· In a Jan. 4, 2003, report on the issue, the
· *Boston Globe* quoted an Air Force officer as
· saying that even though the voluntary use of
· stimulants by air crews was widespread it had
· never been cited as the cause of an accident.
· The newspaper quoted a passage in the USAF
· flight surgeon’s manual that seems to express
· the official attitude: “Abuse is possible but felt
· to be unlikely, given the professional nature of
· aviators, the limited and well-defined circum-
· stances within which these medications will
· be used, and by close aeromedical supervision.
· Aviators, by their nature, are efficient at using
· tools given to them to achieve specific goals.
· Antifatigue medications are no exception.”
· The *Christian Science Monitor* also explored
· the issue and on Aug. 9, 2002, quoted John Pike
·

· of the organization Global Security as having
· this to say:
· “Given the extent of recreational drug use
· within the military, and the use of perfor-
· mance-enhancing drugs among athletes, it is
· very easy to imagine that warriors would con-
· sider using any manner of drug they thought
· would increase their chance of returning
· home alive.” □
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ROAD RAGE AND ALCOHOL:

What's the Connection?

Road rage is defined as "an assault with a motor vehicle or other dangerous weapon by the operator or passenger(s) of another motor vehicle or an assault precipitated by an incident that occurred on a roadway."

MOST DRIVERS HAVE BEEN THE VICTIM OF SO-CALLED ROAD RAGE at one time or another.

In a 2000 National Highway Traffic Safety Administration survey, 62 percent of respondents said the behavior of another driver has been a threat to them in the last year. And an alarming number of drivers engage in road rage behavior—at one time or another.

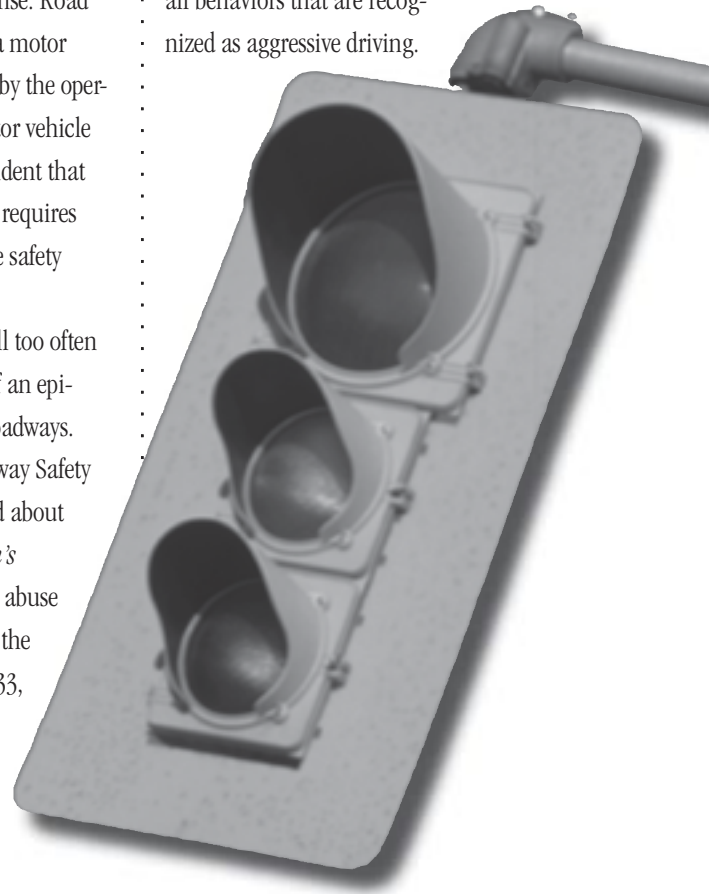
The National Highway Traffic Safety Administration differentiates aggressive driving from road rage. Aggressive driving is a traffic offense; road rage is a criminal offense. Road rage is defined as "an assault with a motor vehicle or other dangerous weapon by the operator or passenger(s) of another motor vehicle or an assault precipitated by an incident that occurred on a roadway." Road rage requires willful and wanton disregard for the safety of others.

Incidents of road rage show up all too often in the headlines, prompting fears of an epidemic of violence on the nation's roadways. But the Insurance Institute of Highway Safety says that road rage has been around about as long as cars. In 1915, *Engleman's Autocraft* said "some automobilists abuse their rights and heedlessly run over the rights of other (*Status Report*, vol. 33, no. 10, Dec. 5, 1998).

Concerns about rampaging motorists had become so serious in the 1990s that in July 1997

Rep. Tom Petri, R-Wis., called for hearings on road rage before the House Subcommittee on Highways, Transit and Pipelines, which he chairs.

Aggressive Driving: Background and Overview Report, a paper prepared for the January 2000 National Conference of State Legislators, Environment, Energy and Transportation Program, says: "Drivers know it when they see it. Cars racing down a crowded road, darting in and out of lanes, tailgating, and drivers yelling and gesturing at others are all behaviors that are recognized as aggressive driving."



ROAD RAGE IN SOUTH AFRICA

South Africa ranks as the fourth-worst country in the world when it comes to road safety. And according to a new study, aggressive driving and road rage have become major contributors to the 80,000 "non-natural" deaths that occur in South Africa each year.

A surveillance study indicates that transport-related incidents are now the second most common cause of such deaths in the country. The report accounts for 25,494 injury deaths across the country. The death categories were homicide, suicide, some undetermined deaths, and accidental deaths, which included transport-related deaths. Homicide was the major cause, followed by transport-related deaths.

According to *The Mercury* (March 15, 2004; www.themercury.co.za/index.php?fArticleId=373716), a policy brief is being prepared for the Department of Transport on key recommendations around aspects of aggressive driving and road rage, which are believed to be major contributing factors to the high transport-related death levels, along with alcohol.

The brief is based on findings of the first scientific study of road rage in South Africa, which was released last year. The study was conducted in the Durban metropolitan area using a sample of 1,006 motorists.

Some of the findings showed that single young males (between 18 and 25) were more likely to be firearm carriers, use alcohol, and engage in high risk acts like speeding and weaving. About 45 percent of the motorists said they had engaged in at least one act of road rage.

The study defined two categories of behavior: aggressive driving, which included levels of verbal and nonverbal expressions of anger, and road rage, which included intimidating behavior, loss of control and confrontation.

John Schnell, director of the Road Traffic Inspectorate in KwaZulu-Natal, said that aggressive driving reflected a lack of maturity and self-discipline. It was often found in societies still in transition toward a high level of motorization.

Road rage itself was more common in more developed and motorized countries, where, for example, people sat for many hours in traffic jams. Locally road rage was more evident on routes where high levels of development had occurred without road improvement.

However, aggressive driving was often associated with substance abuse and occurred in repeat offenses such as speeding or ignoring traffic lights. There was a sharp spike in this kind of aggressive behavior toward paydays—when people had more money to spend on alcohol and other substances. Statistics showed that traffic injuries in trauma clinics—as with injuries from domestic and child violence—peaked around paydays.

In some instances the driving behavior escalates into assault with the vehicle itself or with a weapon, increasing the severity of the event from a traffic incident to a criminal offense. Drivers are becoming more and more fearful of the threat of violence on the highways and evidence indicates these incidents are occurring with greater frequency. The media regularly report about serious incidents."

But not much is known about what causes people to engage in road rage behaviors—shouting, cursing, making rude gestures, threatening personal or vehicle damage, actually damaging a vehicle or causing personal injury, even death. Theories abound, from overcrowded roadways to increasingly stressful lifestyles.

Now researchers at the Centre for Addiction and Mental Health in Toronto, Ontario, Canada, say that the more problems a person has with alcohol the more likely he or she will be a victim or a perpetrator of road rage. Researcher Robert E. Mann, PhD, and his colleagues analyzed telephone interviews conducted with more than 2,600 individuals and found that road rage is more common among those persons who are heavier drinkers, and that the odds of road rage behavior increase with greater alcohol problems (*Journal of Studies on Alcohol*, March 2004).

The researchers said that

"there are substantial grounds for believing that road rage and alcohol consumption should be closely related." They point out that numerous studies have shown that violence and aggression are more common among heavy drinkers, and some research suggests that victims of violence may also be heavy drinkers. In addition, road rage incidents most frequently involve young people and men, the same groups that are most likely to be impaired drivers and be involved in alcohol-related violence off the road.



The study suggests that the underlying factors that cause a person to have problems with alcohol may be similar to those that cause road rage. Another possibility is that alcohol problems may somehow contribute to road rage behavior.

"A reason for the overlap between road rage and alcohol problems may be because these individuals are more likely to have low self-control with frequent rule-breaking behavior and a general disregard for legal sanctions," said Mann. "This can manifest itself in a variety of different ways including the abuse of alcohol and road rage."

"This link between alcohol, aggression and violent behavior leads us to believe that government policies that are critical in reducing alcohol-related problems, such as government monopolies for retail alcohol sales and lowering blood alcohol content limits, will also reduce harms that are linked to alcohol as well," said Mann.

Robert Solomon, a University of Western Ontario law professor, says that cracking down

on drivers who display road rage could pay dividends in the fight against impaired driving.

"The link between road rage and impaired driving is the people who have behaviors described as road rage also tend to have poor driving records in terms of impaired driving," Solomon reported at the AUTO21 2004 Scientific Conference held in June in Montreal. He is examining how the legal system deals with offenses such as tailgating, ramming and speeding—behavior typically described as road rage.

Solomon is working with a national team of researchers from the University of Western Ontario, the Centre for Addiction and Mental Health at the University of Toronto, and Dalhousie

University that is investigating the legal parameters of anti-social driving behavior to better direct policy development and legislative reform.

Solomon said that research showing that drivers with road rage may be in a category of people likely to drink and drive suggests it might be a good idea to see if Canadian laws could be amended to target drivers who are potential threats.

"Researchers and lawmakers are just beginning to scratch the surface when it comes to scrutinizing how the legal system handles road-rage offenders," said Solomon, who is also national director of legal policy for Mothers Against Drunk Driving of Canada.

LINGERING EFFECTS OF ALCOHOL

Alcohol continues to affect cognitive functioning even after people feel like they are sobering up, according to a recent study (*Alcoholism: Clinical and Experimental Research*, May 2004).

"People generally feel down or a little depressed [as they're sobering up], but they don't feel drunk," says study author Robert Pihl, MD, a professor of psychology and psychiatry at McGill University in Montreal. "Yet cognitive deficits are worse at that time."

Pihl says some of the important cognitive functions affected by alcohol are spatial reasoning, planning and the ability to control behavior. And that has implications for their driving ability.

"If you're drinking heavily, but want to be cautious and responsible, add five hours to what you think is safe," said Pihl.

James Fell, director of traffic safety and enforcement programs for Mothers Against Drunk Driving, says this study just reinforces the group's position.

"At MADD, we say don't drink and drive. There is no safe level. While we believe that 0.08 is the right level for the law, even at lower blood alcohol levels, some people are affected. Appoint someone as your designated driver." Or, Fell recommends, "If you plan to drink, don't drink as much and make sure you wait long enough that your blood-alcohol content is down to zero."

HAPPY 20TH ANNIVERSARY

On July 17, 1984, President Ronald Reagan signed the law establishing 21 as the national minimum drinking age to eliminate the deadly “blood borders” between states that had differing minimum drinking age laws. The legislation was originally introduced by Sen. Frank Lautenberg, D-N.J., the late James J. Howard, D-N.J., and former Rep. Michael Barnes, D-Md., after President Reagan’s Commission on Drunk Driving recommended this federal action in its final report issued in 1983.

Mothers Against Drunk Driving and members of Congress marked the 20th anniversary of the National Uniform 21 Minimum Drinking Age Act by announcing that 20,000 young lives had been saved from highway crashes since the law was enacted in 1984. They also called for swift congressional action this year to prevent underage drinking by increasing federal funding to step up enforcement and create a national media campaign aimed at adults to limit youth access to alcohol. In addition to underage drinking prevention, MADD said a major nationwide law enforcement mobilization campaign to curb drunk driving and boost seat belt use should be included in the pending transportation reauthorization bill.

While alcohol-related traffic fatalities involving youth ages 15 to 20 have declined significantly over the years, thanks in large part to the 21 law, fatalities among that age group are now increasing (more than 2,400 deaths were recorded in 2002.) Underage drinking kills 6,000 people annually through traffic crashes, homicides, suicides and unintentional injuries. A recent National Academy of Sciences study commissioned by the federal government aims to change that and has presented national recommendations for preventing underage drinking—a problem costing the nation \$53 billion each year. The NAS recommends the following:

- Create a national media campaign encouraging adults not to provide alcohol to youth
- Increase federal resources to fund compliance and access-related enforcement activities that will prevent adults from selling or providing alcohol to minors. Aiding in this effort, MADD’s Youth In Action teams can work with law enforcement to educate alcohol retailers and other adults about the 21 law. Currently, all states prohibit possession and purchase of alcohol by those under 21, but 15 states allow consumption and 14 allow attempts to purchase alcohol.
- Designate one federal agency to deal with underage drinking issues.

One way to target potentially dangerous drivers would be to change laws in order to catch aggressive drivers before they drink and get behind the wheel. Provincial motor vehicle registries might be able to monitor drivers who display potential risk factors, Solomon said.

“Can that discretionary power be used to identify drivers who have a pattern of aggressive, problem, high-risk drinking and encourage them to get assessment and get treatment, just as we do with, for example, drinking and driving?” he asked.

The link between road rage and impaired driving is the people who have behaviors described as road rage also tend to have poor driving records in terms of impaired driving.

“Our research focuses on the legal consequences of both road rage and impaired driving,” said Solomon. “Our work on road rage is at a preliminary stage. Our goal is to develop a framework for analyzing the legal consequences that result from road-rage associated behaviors. It is important to understand the current laws before examining new legislative measures to address the issue.” □

Editor’s note: To learn more about the Centre for Addiction and Mental Health’s alcohol-related policies, visit www.camh.net/healthpromotion/communityhealthpromotion.html.

KICKING THE NICOTINE HABIT

The upside to nicotine replacement is that it gets people off cigarettes, which are laced with toxic additives like ammonia and pose far graver health risks than nicotine alone.

Since the mid-1980s Americans have turned to nicotine-replacement products to help them kick their smoking habit. According to the American Cancer Society, a third of the nation's nearly 50 million smokers attempt to quit each year. Many of them turn to nicotine-replacement products, such as gum and patches sold over the counter; pills, inhalers and nasal sprays sold by prescription; and even nicotine-infused lollipops sold on the Internet. Smoking-cessation products are now an \$800 million business in the United States.

The upside to nicotine replacement is that it gets people off cigarettes, which are laced with toxic additives like ammonia and pose far graver health risks than nicotine alone. But nicotine is also classified as a poison, and in 2001, researchers at Stanford University found that nicotine speeds the growth of malignant tumors by stimulating the formation of the blood vessels that feed them, a process called angiogenesis.

John Cooke, MD, PhD, associate professor of medicine, Stanford University, and the lead author of the study, told *The New York Times* (May 2, 2004): "As long as people are using nicotine replacements properly, it's a win for all of us, if we can get people to stop smoking. But, I would urge people not to use it long term."

According to the *Times*, a study financed by GlaxoSmithKline, the pharmaceutical company that manufactures Nicorette and other stop-smoking products, found that more than a third of nicotine gum users continued chewing beyond the 12 weeks recommended under Food and Drug Administration guidelines.





We estimate 36.6 percent of current gum users are engaged in persistent use. Though the company says on its Website that nicotine “may promote lung cancer,” it insists its products are safe “when used as directed.”

“We estimate 36.6 percent of current gum users are engaged in persistent use,” said Saul Shiffman, MD, a company consultant and the study’s primary author. Though the company says on its Website that nicotine “may promote lung cancer,” it insists its products are safe “when used as directed.”

The companies that make nicotine-replacement products acknowledge problems with treating this particular addiction. For example, Kenneth Strahs, GlaxoSmithKline’s vice president for research and development in smoking control, said, “I wish we could tell you that if you took one piece of our gum it would be enough, but that’s not the case. Nicotine addiction is a chronic relapsing condition.”

Ten Policy Changes That Could Curb Tobacco Addiction

At least 10 percent of U.S. smokers would quit and 3 million premature deaths would be prevented if ten policy changes were instituted nationwide, according to *A National Action Plan for Tobacco Cessation*, a report from a

federally appointed panel that culled available scientific evidence on tobacco addiction and how to curb it.

The panel’s report includes six federal policy recommendations from the Department of Health and Human Services and four recommendations to achieve similar goals through public-private partnerships.

The six federal recommendations are for the following:

1. A national tobacco quit line
2. An extensive media campaign
3. Coverage for counseling and medications in benefits for all federal beneficiaries
4. A new ten-year research agenda to improve long-term quit rates and help tailor therapies for certain groups (such as pregnant women)
5. Training and education about tobacco-dependence treatments for every clinician in the country
6. A \$2 federal excise tax on each pack of cigarettes

These recommendations, which the panel suggests should go into effect by fiscal year 2005, would cost more than \$5 billion each year. Funding would come from the \$2-per-pack tax. Half of the estimated \$28 billion in annual revenue generated by the tax will be earmarked for programs that help people to quit smoking or prevent them from starting.

The four public-private partnership recommendations are as follows:

1. Mobilize insurers, employers and others to foster evidence-based tobacco-dependence coverage for everyone.
2. Mobilize health systems to implement system-level changes to foster effective utilization of tobacco-dependence treatments.
3. Mobilize national quality-assurance and accreditation organizations, clinicians, health systems and others to establish and measure the treatment of tobacco dependence as part of the standard of care.
4. Mobilize communities to ensure that policies and programs are in place to increase demand for services and to ensure access to such services.

The panel, established by Department of Health and Human Services Secretary Tommy Thompson, was a subcommittee of the department's Interagency Committee on Smoking and Health. The group's task was to craft a set of bold, evidence-based recommendations to promote tobacco cessation. The report appears in the Feb. 9, 2004, issue of the *American Journal of Public Health*. 

At least 10 percent of U.S. smokers would quit and 3 million premature deaths would be prevented if ten policy changes were instituted nationwide, according to *A National Action Plan for Tobacco Cessation*.



DOWN



A SQUEEZE ON STATE AND LOCAL BUDGETS is giving many communities second thoughts about supporting one of the most popular but controversial prevention programs of the last generation—Drug Abuse Resistance Education, or DARE.

Cities, counties and school districts from one end of the country to the other have been questioning whether it is worthwhile to use scarce public funds for a program that assigns police officers to deliver a prevention curriculum in classrooms. Until recently DARE had survived in most communities in spite of research findings that it has no measurable effect on whether children use drugs in later years.

Officials in many states and cities now are having trouble meeting their obligations for law enforcement when there are limited funds available to cover police budgets. One solution is to reassign officers who had been used in local DARE programs. The experience in Los Angeles is typical. The mayor and police chief announced this

year that many officers assigned to DARE would be reassigned to “higher priority” duties. “We’re trying to concentrate on providing direct services to constituents,” said Mayor James Hahn. “We’ve heard from neighborhood councils and the community that public safety is job No. 1.”

Ironically, it was in Los Angeles that the idea

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for DARE originated in 1983. The program there caught the attention of communities across the country until 3 out of 4 school districts were using police officers to tell children about the dangers of drugs and encouraging them to “just say no.” In the early 1990s, however, prevention researchers began reporting that there was no difference in rates of later drug use among children who had received DARE training and those who had not.

This led to an ongoing debate between skeptics citing the research results and defenders of DARE, including the organization DARE America, which provides the cur-

riculum, training and workbooks for the program. Although DARE America has made changes in the curriculum over the years, the program continues to get bad grades. In 2001 the National Center on Addiction and Substance Abuse issued a study reporting “little evidence of any extended impact.”

N DARE

The same year, the U.S. Surgeon General put DARE on a list of “ineffective programs.” The National Academy of Sciences has made the same assessment.

DARE got a shot in the arm in 2001 when the Robert Wood Johnson Foundation provided a \$13.7 million grant to the University of Akron to create and evaluate a revised DARE curriculum. While DARE classes originally were provided only to fifth-graders, the new curriculum calls for reinforcing its lessons with children reaching middle school and high school age. In 2002, the University of Akron reported “positive findings” in its first evaluation of the new curriculum in school systems of six major U.S. cities.

“The new curriculum showed an improvement in skills and beliefs that make students more resistant to substance abuse,” said Zili Sloboda, ScD, principal researcher for the Akron study. She said decision-making skill scores for students in schools receiving the new curriculum were 6 percent higher than those for a control group, and refusal skills were 5 percent higher. DARE students showed a reduction of as much as 19 percent in their “normative

beliefs”—that is they had less of a perception that substance use by their peers is commonplace—according to the early evaluation.

DARE continues to get a thumbs down, however, from researchers who insist that a prevention focus on classroom activities will not affect student behavior unless there is a broader commitment by the community to change the



overall environment in which children come of age. The most significant blow to DARE, perhaps, came with adoption of the No Child Left Behind Act, which pressures school districts to support only prevention programs with scientific evidence of their effectiveness. So far the University of Akron study, which will take years to measure the longer-term effectiveness of DARE, has not headed off the growing reluctance to keep DARE in police budgets.

NEW DARE

Massachusetts has all but eliminated its support of DARE, and Lt. Gov. Kerry Healey says she will not recommend state funding for the program unless the Akron study shows in several years that the revisions in the DARE approach are working. Meanwhile she is urging police departments and their communities in Massachusetts to try to reduce truancy, gang activity, violence in the schools and other factors that contribute to drug use by young people.

Similar cutbacks affecting DARE are occurring in other states. An Associated Press dispatch quoted Kent Hunt, associate commissioner for substance abuse in the Alabama Department of Mental Health, as saying his state and others are losing confidence in DARE. "I see a movement away from DARE unless it can modify its curriculum and get a stamp of approval as an evidence-based or science-based program, and it's not there yet," he said.

Illinois is disbanding the DARE training bureau that had been operated by the State Police. This leaves local police departments to foot the bill for training their DARE officers if they want to continue the program. In Maryland, according to the *Baltimore Sun*,

DARE has been eliminated in Anne Arundel County, the largest county in the state. "It would make me sad if we were stopping DARE knowing that it was really making a difference to the kids, but it's not," said Lt. Jason D. Little, who headed the DARE unit in Anne Arundel. *The Missoulian* of Missoula, Mont., reported in February that among the 74 school districts west of the continental divide in Montana, only one DARE program was still functioning. In California a severe state budget crisis is having an impact on DARE at county and city levels. "These are tough times," said San Diego County Sheriff Bill Kolender, announcing that the county would end its DARE program so deputies could return to enforcement duties.

Even while acknowledging that there is a lack of solid evidence that DARE classes keep kids from trying drugs, many local officials have mixed emotions about seeing the program cut back or abandoned. It has been popular with parents, and police departments have

viewed it as an effective public relations tool. Many school administrators also have supported DARE through thick and thin because it allows them to give students an anti-drug message at no cost to their districts when police departments pay for the instructors.

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Lee Koppelman, executive director of the Long Island Regional Planning Board in the New York City suburbs, says a study of DARE results among Suffolk County youth indicated that the program as delivered to sixth-graders was having no lasting impact. "The kids like it because they get recognition, and having a police officer in the classroom is a novel thing," he told a *New York Times* reporter. "And parents whose kids don't have drug problems

to begin with think that DARE is responsible." The DARE program, he said, produces a false sense of security and an unearned opportunity for parents, the police and educators to congratulate themselves. ☐

Six Keys to Alcohol Problem Reduction in Municipally Owned Recreation Facilities

By Claire Narbonne-Fortin and Ronald R. Douglas

OVER THE PAST TWO DECADES, municipal politicians and recreationists in the Canadian province of Ontario have progressively developed a set of policy interventions designed to minimize alcohol-related problems in their municipally owned facilities and parks. Based on the evaluative learning from the adoption of more than 200 municipal alcohol policies, commonly referred to as MAPs, a self-directed policy manual has been produced that guides users in developing a policy. Developed in partnership with the Centre for Addiction and Mental Health and the Ontario Recreation Facilities Association, the guide says that there are “six keys” for producing a high-quality and effective MAP and provides the user with the necessary resources to do so. The six keys follow:

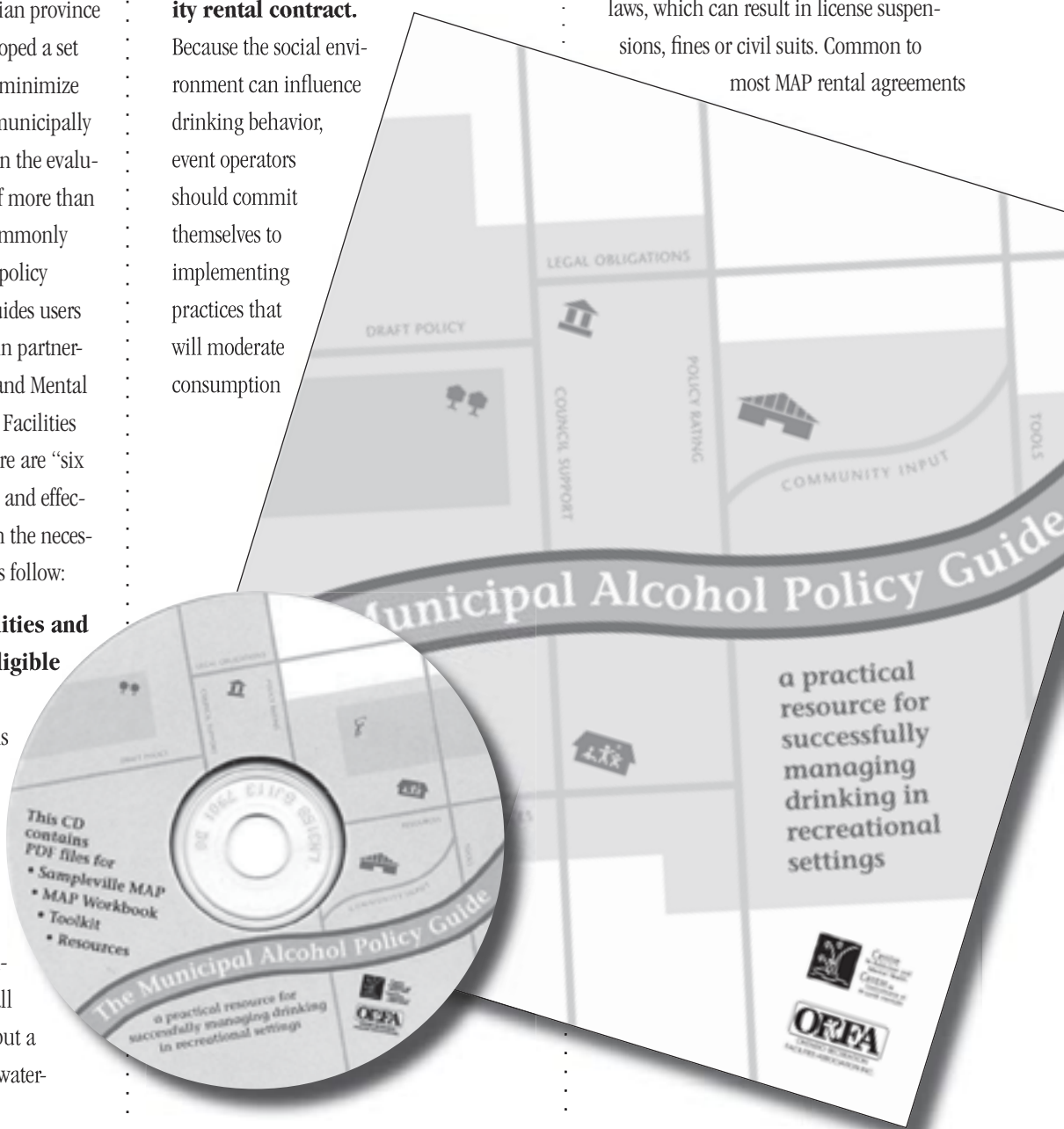
- **Designate properties, facilities and events as eligible or not eligible for events where alcohol will be made available.** This

policy component creates a balance in “wet” and “dry” areas that contributes to the safety, health and cultural values of a community while avoiding liability issues for the municipality. For example, a recreation hall could be licensed for festivities, but a family activity park and nearby waterfront would not.

- **Select management practices that are listed as part of the facility rental contract.**

Because the social environment can influence drinking behavior, event operators should commit themselves to implementing practices that will moderate consumption

and protect themselves and the municipality from breaching provincial or state liquor laws, which can result in license suspensions, fines or civil suits. Common to most MAP rental agreements



In one small community, the lone taxi operator commented that his customers were in “much better shape” than they had been prior to the MAP implementation.



are the following requirements: obtaining sufficient liability insurance; using only server-trained volunteers and staff to provide alcohol and monitor the event; limiting the number of drinks or drink tickets (often to four) that can be purchased at one time; eliminating the “last call” for drinks before the bar closes; contracting for no drinking by the licensee and event workers; having workers wear identifiable clothing; maintaining the specified ratio of workers to participants; asking for ID from those wanting to enter an alcohol-related event; and restricting youth admission to adult events.

- **Insert prevention strategies into the rental contract.** These strategies are specifically designed to prevent drinkers from becoming intoxicated, thus avoiding the harm that is associated with drunkenness. Strategies appearing in many Ontario cities, towns and villages include implementing a variety of safe transportation options to avoid driving-under-the-influence charges, such as promoting taxi services and warning of the possibility of police sobriety checks; serving drinks in paper or plastic containers to remove the potential of a glass bottle being used as a weapon; having available

and substituting low-alcohol drinks to slow the pace of consumption; making available cheap nonalcoholic drinks for designated drivers and abstainers; prohibiting the sale of extra-strength drinks to prevent the rapid onset of intoxication; redeeming unused drink tickets for cash to avoid rapid drinking at the end of an event so as to use up the tickets; and posting no alcohol advertising in facilities frequented by youths.

- **Clearly document enforcement procedures and penalties.** For event organizers who do not implement the required management and prevention strategies, the rental agreement, through the adopted policy, outlines the penalties that will apply to alcohol event operators. These can range from warnings to being banned from future rental privileges.
- **Post signs in the drinking environment to provide authority for those managing the event and to inform participants of the policy and related management practices.** Some of the signs include a notice that drinkers will not be served to or beyond a state of intoxication; contact information on to whom to and how to direct complaints; a listing of the safe transportation options available and notice of police sobriety checks; the ticket and drink sales limit; an entry notice stating the requirement for and type of ID; and “no drinking” signs in ineligible areas, such as arena change rooms.



In Bulgaria a brand of vodka is being promoted as a health drink that is fortified with vitamin C.

- **To sustain the policy actions and resulting benefits, adopt a plan for ongoing policy support that includes a comprehensive implementation plan and provisions for the regular monitoring and review of the policy.** This is to ensure that server training is regularly provided, new facilities and acquired green spaces are covered by the policy, periodic promotion of the policy occurs, and newly elected decision-makers are adequately oriented.

Municipalities that developed their policies in collaboration with citizens and community rental groups were more likely to produce a more comprehensive policy—one with the above noted components. These municipalities, when compared with survey responses from cities and towns that relied primarily on municipal staff for policy suggestions, also

reported a faster reduction in problem areas and an ability to sustain reductions. In surveys conducted in 1994 and 1996, municipalities perceived reductions in 14 problem areas: intoxication, harassing behavior, underage drinking, fights, vandalism, litter, illegal use in parking lots, public complaints, police interventions, smuggling alcohol into events, injuries, use in the unlicensed dressing rooms, sexual assaults and liquor licensing penalties. Municipalities with less complete policies did report perceived reduction but took longer to realize the policy benefit.

For the most part, municipalities did not experience a loss in rentals. When they did, it was during the initial policy introduction period and usually resulted in the replacement of former problem renters with new groups. Although event organizers at times reluctantly agreed to implement the policy in order to have

Following the implementation of their MAP, the local emergency department in one community no longer required a dentist to be on call each Saturday night to treat the large number of intoxicated people admitted with broken teeth due to fights.

rental access to a facility, they usually became supporters of the policy after their first try.

"I ran a banquet and I used what they were proposing. Like the signage—the whole nine yards—and through the whole dance that we ran two nights I had a tenth of the problems I had the year before," said one event organizer in a facility user survey in a southern Ontario town.

Other survey responses help demonstrate the pragmatic outcomes that municipalities were experiencing. In one small community, the lone taxi operator commented that his customers were in "much better shape" than they had been prior to the MAP implementation. He much preferred driving event participants home when they were feeling "happy" rather than sick or aggressive.

Following the implementation of their MAP, the local emergency department in one community no longer required a dentist to be on call each Saturday night to treat the large number of intoxicated people admitted with broken teeth due to fights. In yet another account, one hockey team attributed their hockey tournament victory in a neighboring community to their hometown MAP. Unlike the other teams, their players remained sober because their policy, one of the first to be developed in Ontario, did not permit drinking in dressing rooms and they had adopted the practice of not drinking in the changing room between periods. In another northern Ontario community, city officials noted a progressive reduction in the use of wooden picnic tables for firewood in municipal parks.

The three-ring manual titled *The Municipal Alcohol Policy Guide: A Practical Resource*

for Successfully Managing Drinking in Recreational Settings includes a sample policy, a workbook describing the policy development process and a toolkit of resources, including a CD. It's designed to meet the needs of those developing a MAP for the first time, those reviewing and revising an existing policy, and those consolidating existing policies within a community or between communities, as in the case when communities wish to develop a common policy base in order to share recreational facilities.

The manual also includes stories describing MAP experiences in both rural and urban settings. And more on the growth of MAPs can be found in *Prevention File* (Winter 2000) and at the Alcohol Policy Network's MAP Tele-Roundtable Seminar at www.apolnet.org/resources/tc_map2002.PDF.

Although the initial target group for the *MAP Guide* was Ontario municipalities, the audience scope has expanded to include health services, colleges and universities, alcohol server training programs, liquor licensing authorities, municipalities from other provinces and substance abuse agencies in both Canada and the United States.

The *MAP Guide* can be purchased at a cost of \$75 CDN from the Ontario Recreation Facilities Association, 1185 Eglinton Avenue East, Suite 402, North York, Ontario, Canada, M3C 3C6, FAX: 416-426-7385, e-mail: info@orfa.com, or go to www.orfa.com and click on Municipal Alcohol Policies for ordering details. ☐

Claire Narbonne-Fortin and Ronald R. Douglas are project consultants with the Centre for Addiction and Mental Health.

Continued from inside front cover

difficult to explain why they do it," a recent Home Office report said.

But Britain is a culture that celebrates drinking even as it condemns it. According to *The Times* in June, in the midst of its own anti-alcohol campaign, the government issued an advertisement urging apathetic young people to vote in the European elections by pointing out that the European regulations affect when and where they can drink. And *The Times* published a front-page article about the problems of binge drinking, while its travel

section offered tips on the best places in eastern Europe for drink-fueled stag parties.

You Call That Responsible?

According to a report from the Center on Alcohol Marketing and Youth the alcohol industry "responsibility" advertising declined substantially in 2002 from 2001 levels, at the same time that alcohol product advertising increased significantly.

In 2002, alcohol companies placed 289,381 product commercials for alcohol on television and 1,280 responsibility advertisements, compared with 208,909 product advertisements and 2,379 responsibility ads in 2001. In other words, for every 1 responsibility ad aired in 2002, there were 226 product ads. In 2001, the ratio was 1 to 88. For every dollar spent on responsibility ads in 2002, the industry spent \$99 on product ads. In 2001, the ratio was \$1 to \$35.

For more information on the study see www.camy.org.

Smoking and Poverty

The World Health Organization says that the world's poorest people are suffering the biggest burden of tobacco use. It wants governments and individuals to acknowledge that smoking contributes to poverty through loss of productivity and income, as well as death and disease.

The WHO says a person dies every six-and-a-half seconds, and many more fall ill from tobacco use.

This places increasing pressure on health care and has a significant impact on economies, it says.

"The world cannot accept such easily preventable human and economic losses," WHO Director General Lee Jong-wook said in a statement. About 84 percent of smokers live in developing countries—and it is there that the tobacco epidemic is still growing.

The WHO says that tobacco and poverty are closely linked. Most small tobacco farmers live in poverty, and many of them employ children, who work in the fields instead of attending school. So although families may benefit from an increased income initially, there are no long-term benefits as these children grow up illiterate.

Instead of spending money on food, health care or education, smokers spend it on cigarettes.

There are also environmental and health dangers from using highly toxic pesticides.

The WHO is calling for more countries to come forward and sign the Framework Convention on Tobacco Control, which already has the support of 118 countries (see *Prevention File*, vol. 16, no. 4, Fall 2001). The treaty requires countries to ban or impose tough restrictions on tobacco advertising, sponsorship and promotion within five years. It also lays down guidelines on health warnings to be carried on cigarette packets and recommends tax increases on tobacco products.



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Ten Years Ago in *Prevention File* (Vol. 9, No. 3, Summer 1994)

CONTROLLING ALCOHOL THE SWEDISH WAY

ON A TYPICAL FRIDAY over 700,000 Swedes flock to the 359 state-operated stores of the Swedish Alcohol Retailing Monopoly—or Systembolaget—to purchase alcohol for the weekend, the only time most Swedes do any drinking.

But as Sweden seeks to become a full member of the Common Market, the system it has used since 1955 to control alcohol sales is in jeopardy. It may fall victim to the free market economy tenets of the European Community.

“Free trade market economy is the gospel of the European Community—unfortunately for Sweden,” says Gabriel Romanus, president and chief executive officer of the Systembolaget. Sweden wants to join the EC for economic reasons. The country is very dependent on exports, and full membership in the Common Market would pave the way for bigger sales of Swedish products throughout Europe.

Romanus, speaking at the Alcohol Policy IX held in early 1994 in Charleston, S.C., pointed out that alcohol policy in Sweden is based heavily on intervention in the market and controls on market mechanisms that may not sit well in Europe.

In addition to its retail monopoly, Sweden levies high alcohol taxes, imposes alcohol purchase age limits—20 for buying alcohol in liquor stores and 18 in restaurants—and regulates alcoholic beverage marketing and advertising in ways that are strict in comparison with other members of the European Community. All the Swedish policies infringe on the free market.

The Swedes fear that the European Commission’s free movement of goods credo poses a powerful threat to alcohol policies based on market regulations, especially high alcohol taxes. If goods move over borders

freely it’s difficult to maintain higher prices in one country than another. If the differences are too large, market forces tend to threaten the country with the higher price.

Up to now, Swedes traveling abroad are allowed to bring in one liter of spirits, one liter of wine—or two liters of wine and no spirits—and two liters of beer. In the Common Market the allowances are ten liters of spirits, 20 liters of fortified wine, 90 liters of table wine, and 100 liters of beer.

Swedish prices are about 50 percent higher than Danish prices for liquor, so Romanus is worried that Swedes will go abroad to buy alcohol if the allowances become higher.

Proposals for common tax levels among member nations have been dropped, but

the issue of cross-border trade and limits on how much alcohol travelers abroad can bring home are still unresolved. Sweden has asked for an exemption from what Romanus calls “the very generous allowances of the European Community.” Negotiations are continuing on that point.

“We might still be dragged into the courts, but as of now the retail monopoly has been accepted by the European Commission on the condition that Sweden promises to abolish its alcohol import, production, export and wholesale monopoly. But this is considered less important from an alcohol policy point of view since it’s the retail monopoly that deals with consumers.”

Editor’s note: On July 12, 2004, the European Union said it would sue Sweden for banning its citizens from trying to save money by importing alcoholic drinks into the country themselves for private consumption. The European Commission said it would go to the European Court of Justice to challenge the ban, which it charged “represents a disproportionate obstacle to the free movement of goods” in the single market. The commission first warned Sweden on the issue last October, but the Swedish government said the monopoly was necessary to protect public health.

The Scandinavian country has been forced to ease some of its import restrictions on alcohol since joining the EU in 1995, but it maintains high taxes on liquor. Systembolaget’s sales have dropped, especially in the southern part of the country, as Swedes go to neighboring Denmark and Germany to get cheaper booze.

